

Achieve Together Limited

Lynfords

Inspection report

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Date of inspection visit:
13 December 2022
22 December 2022

Date of publication:
16 February 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inspected but not rated

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lynfords is a residential care home providing accommodation and personal care to 6 people with a learning disability. At the time of inspection there were 5 younger adults and older people living there. People living at Lynfords needed support with personal care, mobility, health and communication needs. Accommodation was on the ground floor only and the building had been specifically designed to meet the needs of people with physical disabilities.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Care

Care was not always person-centred. For example, we could not be sure that people always had their own toiletries. This was addressed immediately at the time of inspection. Records did not always demonstrate that people were given choices in relation to the food they ate and the activities they participated in.

We observed that staff were caring in their approach and people responded warmly to them. Relatives and professionals described staff as caring. We observed this and that people responded warmly to staff. When people needed personal care, staff ensured that this was provided by discretely taking people to their bedrooms. A professional told us, "The staff I have met have been very kind and caring on each of my visits. They seem to have the residents' best interests. The interactions I have seen have been respectful and kind and take into account residents' relatives."

Right culture

There were systems to ensure people's views were sought through keyworker meetings and there were plans to develop this further. There were no recent surveys for people or their relatives. Staff morale had been low but there were regular staff meetings and management had ensured that all staff attended a recent supervision meeting. Staff told us support had greatly improved and they felt confident this would continue. Visiting professionals all spoke positively of the impact the new manager had already made in the short time they had worked at the service.

The systems for auditing the service ensured that any shortfalls were identified. Following these checks an action plan was written to ensure that matters were assigned for addressing and a clear timescale was given.

Right Support

The model of care used ensured that people were able to make choices and decisions and any risks were assessed and reviewed regularly. As a result of reviews, applications had been submitted for additional funding to meet some people's changed needs and to maximise their opportunities to be more independent and in control of their day. Emphasis had been placed on ensuring that staff had the skills, knowledge and experience to meet people's individual needs. Lynfords was kept clean.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The rating for this service was requires improvement (published 19 July 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, further progress is required to ensure that the progress made is sustained and embedded into everyday practice.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains Requires Improvement.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lynfords

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we could understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

There was one inspector.

Service and service type

Lynfords is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Lynfords is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for three weeks and they told us they would be submitting their application to register.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed the information we held about the service and the service provider. We looked at notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

During and after our inspection

We started our inspection on 13 December 2022. We spoke with 1 person and observed staff interacting with others to help us understand the experience of people living at the service. We spoke with 2 care staff and the manager. We also met with 1 person's relatives. We spent time reviewing records, which included records relating to health and safety and the management of the home. On 22 December 2022 we also spoke with 2 people's relatives and with a visiting professional. Since then we received correspondence from 2 people's relatives and from 5 professionals. We also continued to seek clarification from the provider to validate the evidence found. We looked at 3 care plans, audits, training data, quality assurance records and meeting minutes.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection this key question was rated good. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

During the pandemic the provider facilitated visits for people living in the home in accordance with the current government guidance. The manager told us visiting arrangements had since returned to what it was before the pandemic. People could receive visitors in the home. Some relatives chose to take their relatives out of the home to spend time with their loved one and some people had social leave with their families at the family home.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement.

This meant people's needs were not always met.

At our last inspection there was a failure to ensure people always received support that met their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. However, further improvement is needed to ensure that care is always person centred and that all progress is embedded into daily practice.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Each person had a weekly planner that included activities they enjoyed. Daily records did not always show that these activities had been achieved. Staff said they did their best to follow planners, but often because of staff levels or skill mix on a given shift it was not always possible to do the activities, but alternatives were always provided. Whilst there were some organised activities, daily records showed a heavy reliance on TV and music for entertainment. This is an area that requires improvement.
- People were supported to carry out some activities and to be part of their local community. A relative told us, "[Person] loves going shopping, the staff in the shops know her."
- A visiting pantomime had been booked to attend the week of our inspection but had to be cancelled due to the weather. Daily planners showed that 'Pet Pals' visited every three months. One person, loved animals, and thoroughly enjoyed these sessions. We were told this person likes animal noises, so occasional trips to farms and the sea life centre were organised.
- A visiting professional told us, "I do believe the staff care and know their client's well. The space they have available is great, but it could be utilised much better especially the communal area for more structured activity and engagement programme for residents." The manager told us they had ideas for this area, and these were under discussion with people, staff and the organisation.
- Opportunities were provided for walks to town for shopping and using cafes. Art and craft sessions were also regularly provided. One person loved to have sensory activities, and another loved to play with plastic bricks and colouring. An aromatherapist visited every other week. Staff told us that if they were short staffed and their sister home was taking people out for a drive, they would offer to take at least one person from Lynfords out with them.
- Following the inspection, the manager confirmed that staff levels had now been increased and they were looking at a range of new opportunities and activities to suit people's individual wishes.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Personal care was not always person centred. We saw a large box of toiletries in the bathroom. The manager told us staff would know who owned which toiletries. However, given the high use of agency staff at times, this could mean that people did not always have their own toiletries.
 - One person had no toothbrush or toothpaste. Another person's toothbrush looked dried and unused. Although there was some reference to oral care in daily records, this was not always referred to. There was a lack of storage in some people's rooms which meant that continence aids and for one-person excess creams, were stacked up. The above are areas for improvement.
 - Each person had care plans and risk assessments that detailed their needs and how they should be met. Care plans were reviewed regularly, and when people's needs changed, they were updated. Staff told us that there was a read and sign document to ensure all staff were aware of any changes.
 - Some areas of care were person centred. For example, a person had their bed lowered to the floor at night and always had their bedroom door open so that if they wanted to get up at night they could do so safely. There was specific advice and guidance about how people should be supported with meals and with moving/positioning.
 - The manager told us that when 1 person's personal care guidelines needed to be reviewed, they spoke with staff and then came in early to observe the person's routine and to assess how support was provided before completing the review.
 - A social care professional told us, "[Manager] knows the residents and the service very well which will enable her to ensure person centred support and to lead and manage her team." Another professional told us, "[Manager] has very good knowledge of the men and women from her experience working with them, and has been very good in communicating with our team to meet their needs, she has made suggestions that have been implemented in how guidelines are followed, and has responded positively when changes are made."
- Following the inspection, the manager confirmed in writing that new toothbrushes, toothbrush holders had been purchased for everyone and toothpaste had been purchased to promote gum health for people who did not have teeth. In addition, the manager confirmed that shower/bathroom caddies had been purchased for each person and that all toiletries had been individually labelled.
- Following the inspection, the manager confirmed that a central cupboard was cleared and all excess stock from bedrooms was labelled and moved to this area for storage.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Each persons' communication needs had been assessed and recorded. Whilst some people could speak verbally, others used facial expressions, gestures and emotions to make their needs known. One person would leave an area or push things away if they didn't want to do something. A relative told us, "[Person] might not be able to speak but is able to make needs known."
- Staff knew people well and how they liked to receive care and support. They were able to tell us how people communicated their wishes and how they showed they were in pain or upset. A staff member told us that with one person they, "Work through a list of signs (Makaton) to try to establish the person's needs and sometimes the person takes staff by the hand and leads you to what they want."

- We observed that one staff member recognised when one person was not comfortable in their chair and they took them to their bedroom to change their position and to provide a hand massage.
- Staff told us people were able to make choices with breakfast and lunch menus. A staff member told us, "We generally know what people like but if they push food away, we always offer an alternative." We observed a staff member checking with one person to make sure they had a snack of their choice.

Improving care quality in response to complaints or concerns

- There were systems to ensure anyone wanting to raise a concern could do so. A relative told us, "Communication between staff and relatives was always bad. You tell someone something and the message is not passed on. In the last month this has improved. [Manager] is on top of it. I don't have any real major worries."
- Another relative told us, "I'm generally very happy but if I had a complaint, I would be comfortable speaking with staff."
- Whilst most people would not formally raise a concern, staff told us they would know if people were unhappy or upset through how they expressed their emotions. For example, if a person did not eat a meal an alternative would be provided, if they walked away from an activity or became vocal, they would be offered an alternative. We saw staff responding to people's wishes throughout the inspection. One person's relatives told us, "We visit regularly, and we know [Person] is very happy."
- At the time of inspection, the home did not have any formal complaints, but a professional had indirectly raised some concerns. The manager was dealing with this as a complaint and this was still under investigation.
- There was a detailed complaints procedure, and this was available in an easy read format.

End of life care and support

- Most people living at Lynfords were not able to express their wishes in relation to end of life care. Each person had an end of life plan that had been completed with them and their relatives. If a person was not able to comment and had no relatives, a referral had been made to an independent advocate for advice and guidance.
- One person died since our last inspection. A staff member told us everyone was offered support. They said, "One of the staff next door is a trained counsellor. The company also offered support and the regional manager left her number to call. She was really good support."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection there was a failure to ensure quality assurance and governance systems were effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvement is needed to ensure that record keeping is more detailed and that all progress made is sustained and embedded into daily practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Daily records were not very detailed. There was no reference to people's daily planners and whilst records showed what people had done, they did not demonstrate that people had made choices or if they had enjoyed what they had been doing. It was noted that this issue had been picked up through regular monitoring and had been highlighted at recent staff meetings. The manager was aware that further work was required to demonstrate that staff were offering choices in relation to activities and food.
- The regional manager audited the service six monthly and follow up visits were then carried out to follow up on actions highlighted as a result. The home still had a number of actions to be addressed, however, in many cases initial actions had been taken and the matter would not be fully closed until the new procedures were fully embedded into practice.
- At the time of inspection there were only 2 staff on duty for 4 people. Some people had one to one hours and 1 person required 2:1 support with personal care. We were told staff levels were under review and a request for additional funding had been made in relation to two people's needs. Staff told us that levels were safe as the manager was always on hand through the day. In addition, they could call for assistance at the sister home in an emergency and if they planned activities in advance, they could ensure there were additional staff on the rota.

Following the inspection, the manager told us that staff levels had been increased to three staff on duty at all times in advance of the decision regarding funding.

A relative told us, the new manager, "Is already making good progress. She has contacted [Person's] GP and sorted out best interest meetings. We now have a list of interventions. I've been asking for this for a long

time. [Manager] is on the ball and goes the extra mile." A social care professional told us, "The new manager is very willing to work with me in partnership to fundamentally ensure the people they support are living full and meaningful lives."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support.
- The manager was open and knowledgeable about the service, the needs of the people living there and where improvements were required. People's relatives told us there were kept informed of any changes in the health or wellbeing of their loved ones.
- The manager understood their role and responsibilities to notify CQC about certain events and incidents. The previous CQC rating was prominently displayed in the home and on the provider's website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager had only been in post for three weeks. They were clear about the extent of their role and responsibilities and were happy with the induction they had received to date. In addition to support from the regional manager, they had also been given a 'buddy' who they could contact for advice and support as needed.
- We asked the manager about staff morale. They told us this had been low, due to staff levels and changes in management but that this was gradually improving. Records of staff meetings in October and November 2022 demonstrated that time was spent with staff ensuring they were clear about the extent of their roles and responsibilities. A social care professional told us, "I just feel the morale needs to be picked up and staff need a new lease of passion which hopefully the new manager can bring."
- Staff told us they felt supported. A staff member told us, "Since [Manager] came I feel very supported. She is a very good manager and if you ask for something it is done in 24 hours, for example we needed new curtains and it was measured up, people were given a choice and it was ordered. We had been asking for this for a long time." Another staff member told us, they felt supported, "Now [new manager] is here. You can raise concerns and she listens."
- Whilst there was a lack of regular formal supervision prior to the manager starting in post, records showed that all staff had attended a supervision meeting in November 2022.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they felt positive about working at Lynfords. A staff survey was carried out in August 2022. The response was low, and the overall outcome demonstrated that work was required to ensure staff felt better supported by the home and the provider. A detailed action plan was put in place to ensure staff were offered more support, to improve communication and to ensure staff were clear about their roles and responsibilities. Staff told us this was now improving. A staff member told us they were very happy with the recent improvements at the service.
- Key worker meetings known as 'wheels of engagement' were used to seek people's views about the support they received and to plan future activities. Staff ensured that people's diverse needs were met. The new manager told us that whilst this was achieved, it was an area that they wanted to focus on and develop to ensure even better outcomes of people.
- The regional manager told us that annual surveys to seek the views of relatives had recently been sent out, but no response had been received to date. They confirmed they would speak to families individually to see if they would like to complete these to help on any improvements they felt the home needed.

- Staff meetings were held regularly, and minutes demonstrated staff had opportunities to share any concerns, to talk about people's changing needs and to be updated on a wide range of issues.

Continuous learning and improving care; Working in partnership with others

- The manager had identified several areas where they felt improvements could be made. Referrals had been made for professional advice for some people, requests had been made for additional funding to assist in meeting 2 people's changed needs. In relation to 1 person, a request had been made to ensure that more staff were trained to meet their specific health needs.
- A professional told us, "I have struggled personally to get timely responses and feedback on recommendations I have put in place for my client. This may have been due to not having a manager in place. I hope that this improves now the new manager has taken over and so far, this has been the case."
- Another professional told us, "The new manager has been very proactive with making introductions and getting on board with the client I am involved with, so my experience so far has been very positive." A third professional told us "[Manager] is in position and she is very good, she will be a force of good for the home."
- The regional manager told us that during the summer months the organisation had completed a walk for charity where they made a baton and went from home to home in the region with people carrying the baton to each home. Everyone then met up on Brighton seafront and walked along the seafront ending at Brighton pier. All Achieve Together homes in the area participated and there were also senior and executive leadership members who attended.